



County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Vendor Code	SC	Dept.	A	Contract Number
County Department Public Health			Dept.	Orgn.	Contractor's License No.
County Department Contract Representative Alexander Taylor			Telephone 388-5727		Total Application Amount \$33,333
Contract Type <input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:					
If not encumbered or revenue contract type, provide reason:					
Commodity Code		Contract Start Date		Contract End Date	Original Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.
Project Name			Estimated Payment Total by Fiscal Year		
			FY	Amount	I/D

CONTRACTOR California Family Health Council

Federal ID No. or Social Security No. _____

Contractor's Representative Margie Fites Seigle, Chief Executive Officer

Address 3600 Wilshire Boulevard, Suite 600, Los Angeles, CA 90010

Phone (213) 386-5614

Nature of Contract: *(Briefly describe the general terms of the contract)*

This is a grant application to the California Family Health Council in the amount of \$33,333 for the period of January 1, 2005 through December 31, 2005.

THIS IS NOT A CONTRACT
THIS IS A COVER
TRANSMITTAL ONLY

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form (sign in blue ink)

Reviewed as to Contract Compliance

Presented to BOS for Signature

County Counsel

Department Head

Date

Date

Date

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By